

Physicians is respectfully invited to the remarks below, and to the use of this Certificate.

Health Department, City of Baltimore.

Permit No. 99360

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19 April 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Edward Sturges

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 1 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, 6

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 202 (part) W. Pine St.

Cause of Death, { First (Primary), Second (Immediate), } Capillary Bronchitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Amoske

Date of Burial, 20 April

Undertaker, Michel Doyle

Louis E. H. H. H. M. D.
Medical Attendant.

Place of Business, 618 S Charles Address, cor Muller way & Myrtle av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

1648 Transit [OVER.]

Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99361

Office of Registrar of Vital Statistics.

Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Cairn

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 67 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, { Give Street and Number. } 1201 E. Nass St

Cause of Death, { First (Primary), Second (Immediate), } Concussion of Rectum

Duration of Last Sickness, Under treatment only about 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem but complaining 2 or 3 yrs

Date of Burial, April 21 1887

Undertaker, H. Sanders & Son

M. B. Bellinger M. D.
Medical Attendant.

Place of Business, 1710 Convent St Address, 1206 E. Boston St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99362 Office of Registrar of Vital Statistics.

Ward 20^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Mitchell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, _____ Months, _____ Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } W

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 13 alt.

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 1520 Preston st

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonales

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balt- Cemetery

Date of Burial, April 21 87

{ Undertaker, Amshy & Co } H. W. Weiskopf M. D.
Medical Attendant.

{ Place of Business, N 263 Lyg Ave } 706 Harve

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99363 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henrietta C Brown

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 5 Years, 9 Months, 9 Days

Color, Colored

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Domestic

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 538 N Biddle

Cause of Death, { First (Primary), Second (Immediate), } Whooping Cough
convulsions

Duration of Last Sickness, Don't know - only fair child once

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 21st 1887

Undertaker, Alex. Hemmley W. H. Kemp M. D.
Medical Attendant.

Place of Business, 561 Orchard Address, 305 N Young

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

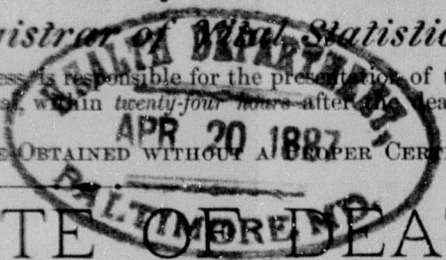
[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99364 Office of Registrar of Vital Statistics. Ward 14^A

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 18/87

Full Name of Deceased, Jos O Leary {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 2 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation,

Birth Place, Balt Md {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life

Place of Death, 1022 W. Pratt St {Give Street and Number.}

Cause of Death, {First (Primary), Scarlet Fever
Second (Immediate), Croup}

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Apr 21/1887

{ Undertaker, J. B. Cook Medical Attendant, W. L. Spicer M. D.

{ Place of Business, 1003 W. Baltimore St Address, 1003 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99365 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lula Milliman Horner

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, five (5) Months, six (6) Days

Color, _____

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give Street and Number. } 532 N. Carrollton Ave

Cause of Death, { First (Primary), Second (Immediate), } Cold
Meningitis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park Cemetery

Date of Burial, Apr 21st 1887

Undertaker, Samuel Mitchell M. D.

Place of Business, 558 N. Fayette St Address, 220 N. Eldon St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99366 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, April 20th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Caveney

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 Years, 7 Months, 7 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Bath *V*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 128 Scott

Cause of Death, { First (Primary), Second (Immediate), } meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Rome Brea

Date of Burial, April 21st

Undertaker, J. J. Cowan

Edw. J. McHollan M. D.
Medical Attendant

Place of Business, 701 Hollins Address, 707 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

20
124

Permit No. 99367 Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19, 1887.

Full Name of Deceased, Mary S. Word

Sex, Male or Female, Cross out the word not required in this line.

Age, 70 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birth Place, Fauquier Co, Virginia,

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, 1221 Lafayette Ave,

Cause of Death, First (Primary), Pneumonia, Second (Immediate), Asthenia,

Duration of Last Sickness, 2 years,

All the above information should be furnished by the Physician.

Place of Burial, Charlottesville Va

Date of Burial, Apr 21 / 87

Undertaker, Denny & Mitchell

J. S. M.D. Medical Attendant.

Place of Business, 550 N Fayette St Address, 1007 W. Sanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4646 (Trans)

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99368 Office of Registrar of Vital Statistics.

Ward

12
4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr. 19th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Kellie Ruff
Ruff

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

9

Months,

Days.

Color,

Colorado

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Back

Duration of Residence in the City of Baltimore,

During life

Place of Death, { Give Street and Number. }

951 Walnut Alley

Cause of Death, { First (Primary), Second (Immediate), }

Inanition

Duration of Last Sickness,

4 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

April 1884

Undertaker,

Harold Ruff

M. D.

Place of Business,

404 Central Ave

Medical Attendant.

1019 D. Hillman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

of this Certificate.

Health Department, City of Baltimore.

Permit No. 99369 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H. Galway

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 32 Years, 10 Months, Days.

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widower

Occupation, Wagoner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give Street and Number. } 635 S Howard St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia Pulmonalis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20 1887

{ Undertaker, Hercules P. Brown M. D. Medical Attendant.

{ Place of Business, 104 E. Way Address, 5789

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]